


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90034 005 ****61.25

DOCUMENT # 769346 1. Entity Name WINNERS CIRCLE CLUB, INC.					
Principal Place of Business 9700 NE 21 AVE ANTHONY FL 32617			Mailing Address 9701 N.E. JACKSONVILLE ROAD (OLD 301) P.O. BOX 276 ANTHONY FL 32617		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-2800305		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MYERS, LEWIS O. 403 NORTHEAST SECOND STREET OCALA FL 32670			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			Applied For Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____		
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEMPLY, JUDITH A. 18660 SE 25TH PLACE OKLAWAHA FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Teresa Hutcherson 5221 S.E. 32nd. CT. OCALA FLA 34480	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMIAN, BRIAN N P O BOX 1191 CITRA FL 32113		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Eddie Redfern PO BOX 902 SPARK FL 32182	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSBOOM, RANDALL E. 7 FIR TRAIL WAY OCALA FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUTCHESON, NORRIS 640 S.E. 44 AVE OCALA FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KITTERMAN, ARTHUR W 2222 SE 7TH AVE OCALA FL 34471		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Norris L. Hutcherson <i>Norris L Hutcherson</i> 3/20/07 (352) 694-6547					